

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868779

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4		3		3			54						
5		2		2			55						
6		0		1			56						
7		0		2			57						
8		1		1			58						
9							59						
10							60						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	↓	10	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	10	↓	11	↓		↓	TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS